

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042051

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6226

6226

FILED DEC 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Dr. Frank Ellis
MEDICAL CERTIFICATION

| | | | |
|--|----------------------------------|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| Length of stay in 1b <u>40 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hosp. and Med. Center</u> | | d. STREET ADDRESS (If outside, give location) <u>2433 Holmes</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William Homer McKee</u> | | 4. DATE OF DEATH Month Day Year <u>12-6-62</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-18-00</u> |
| 9. AGE (last birthday) <u>62</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Trailer Mfg. Co.</u> | |
| 11. BIRTHPLACE (City and state or country) <u>?, Oklahoma</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>Helen Reynolds</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NUMBER <u>[REDACTED]</u> | | 17. INFORMANT <u>Mrs. Frances Messberg</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the penis, with metastases</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY; TOWN, OR LOCATION <u>Cherry, Mo.</u> | |
| 20g. COUNTY <u>Jackson</u> | | 20h. STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>10-26-62</u> to <u>12-6-62</u> and last saw him alive on <u>12-6-62</u> Death occurred at <u>2:20</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr. Frank Ellis</u> | |
| 22b. ADDRESS <u>2400 Cherry, Mo.</u> | | 22c. DATE SIGNED <u>12-7-62</u> | |
| 23a. NAME OF CEMETERY OR CREMATORY <u>Mount Calvary Cemetery</u> | | 23b. LOCATION (City, town, or county) <u>Kansas City, Mo.</u> | |
| 23c. DATE OF BURIAL, CREMATION, REMOVAL (Specify) <u>12-10-62</u> | | 23d. FUNERAL DIRECTOR <u>Hebert Funeral Homes</u> | |
| 23e. ADDRESS <u>Cherry, Mo.</u> | | 23f. RATE RECD. BY VITAL REG. <u>12-8-62</u> | |
| 23g. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 23h. REGISTRAR'S NAME <u>Arthur Long</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~DEBY~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack A. Moore

Licensed Embalmer No.

4729

P. O. Address

Trimble, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.